P20000087304

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: AGORA TEAM U	JSA CORP	
	MBER: P20000087304		
	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	atter to the following:	
	LORENZO SILVESTRI		
	 	Name of Contact Person	1
	SILVESTRI INTERNATION	NAL CORP.	
		Firm/ Company	
	1200 BRICKELL AVE. STE		
	· · · · · · · · · · · · · · · · · · ·	Address	
	MIAMI, FL 33131		
		City/ State and Zip Code	0
	lsilvestri@silvestri-internatio	nal.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, pleas	se call: 786	502 - 3615
Nan	ne of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section In of Corporations Contre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

AGORA TEAM USA CORP.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P20000087304	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	77
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". "chartered," "professional association." or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	~
	<u>=</u>
C. Enter new mailing address, if applicable:	16
(Mailing address MAY BE A POST OFFICE BOX)	
	
	<u>.</u>
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New R	Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PSD	WOLFANGO DE AMICIS	1200 Brickell Ave. Stc. 310
Add			Miami, FL 33131
Remove			
2) Change	Т	LORENZO SILVESTRI	1200 Brickell Ave. Ste. 310
X Add			Miami, FL 33131
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
and the gradual gradua	(- op-vy)w	
		<u></u>
	·	
	<u> </u>	
		··
an amendment provides for an exch	ange, reclassification, or cancellation of issued	shares,
(if not applicable, indicate N/A)	adment if not contained in the amendment itse	<u>lt:</u>
(y nor appreciate, marcane (mr)		

The date of each amendment(s	adoption:	, if other than the
late this document was signed.	-13-2020	
Effective date if applicable:		
	(no more than 90 days after amendm	nent file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors wi	ithout shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes ca sufficient for approval.	ast for the amendment(s)
	approved by the shareholders through voting groups. For each voting group entitled to vote separately on the	
"The number of votes c	ast for the amendment(s) was/were sufficient for appr	roval
by		·•
	(voting group)	
DatedSignature		
sele	director, president or other officer – if directors or of the cited, by an incorporator – if in the hands of a received pinted fiduciary by that fiduciary)	
	LORENZO SILVESTRI	
	(Typed or printed name of person sign	ing)
	T	
	(Title of person signing)	